

2017-1100

PRINTED: 07/06/2017  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  013134	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/07/2017
NAME OF PROVIDER OR SUPPLIER  SMOKEY POINT BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE  3955 156TH ST NE MARYSVILLE, WA 98271		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	<p><b>INITIAL COMMENTS</b></p> <p><b>INITIAL STATE LICENSING SURVEY</b></p> <p>A state hospital licensing survey was conducted at Smokey Point Behavioral Hospital on 6/7/2017 - 6/8/2017 by Tyler Henning, MHS, ScM, PHA and Valerie Walsh, RN, MS.</p> <p>ASE: K3UX11</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following:</p> <ul style="list-style-type: none"> <li>The regulation number and/or the tag number;</li> <li>HOW the deficiency will be corrected;</li> <li>WHO is responsible for making the correction;</li> <li>WHAT will be done to prevent reoccurrence;;</li> <li>HOW you will monitor for continued compliance; and</li> <li>WHEN the correction will be completed.</li> </ul> <p>3. Your PLANS OF CORRECTION must be returned within 10 business days from the date you receive the Statement of Deficiencies. Your Plans of Correction must be postmarked by 7/23/2017.</p> <p>4. Return the ORIGINAL REPORTS with the required signatures.</p>	
L 375	<p><b>322-035.1o POLICIES-HOUSEKEEPING</b></p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (o) Maintenance and housekeeping functions, including schedules;</p> <p>This RULE: is not met as evidenced by:</p>	L 375		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Matthew Coddell*

TITLE

(X6) DATE

CER

7/12/17

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If continuation sheet 1 of 4

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L 375	<p><b>Continued From Page 1</b></p> <p>Based on observation, interview, document review, and policy and procedure review, the hospital failed to ensure that housekeeping staff used disinfectants when performing terminal room cleanings.</p> <p>Failure to use disinfectants when performing room cleanings places patients and staff at risk of infection.</p> <p>Reference: Guidelines for Environmental Infection Control in Health-Care Facilities. Recommendations from CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). 2003. Pg. 146. "E. Recommendations - Environmental Services. E.I. Cleaning and Disinfecting Strategies for Environmental Surfaces in Patient-Care Areas. A. Select EPA-registered disinfectants, if available, and use them in accordance with the manufacturer's instructions."</p> <p><b>Findings:</b></p> <p>1. The hospital policy titled "Cleaning Client Room" (Effective 5/2017) states, "B. Cleaning upon transfer or discharge of a client. 2. Housekeeping Staff. c. Mattress and bed frame shall be damp wiped with disinfectant. d. Closets and drawers shall be damp wiped with disinfectant."</p> <p>The specification sheet for Glance Multipurpose Cleaner (Diversey) does not describe it as a disinfectant. The sheet and product label do not contain information on efficacy against microorganisms.</p> <p>2. On 6/7/2017 from 10:00 AM to 10:15 AM, Surveyor #1 requested the housekeeping supervisor (Staff Member A) to conduct a walk-through of a patient room terminal cleaning</p>	L 375		

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L 375	<p>Continued From Page 2</p> <p>procedure. S/he stated that the mattress, bed frame, wardrobe, and bathrooms would be cleaned with a multipurpose cleaner (Glance - Diversey). The surveyor asked him/her if any other products would be used. S/he stated that a disinfectant (Oxivir - Diversey) would be used if furnishings were visibly soiled with body fluids, but did not indicate that this product would be used for general terminal cleaning.</p> <p>3. Following the cleaning procedure, the housekeeping supervisor showed the surveyor the housekeeping closet where cleaning agents are stored. S/he showed the supervisor how the multipurpose cleaner is dispensed and confirmed that it was used for terminal room cleaning. The surveyor observed a supply of Ecolab 20 Neutral Disinfectants next to the multipurpose cleaner. The surveyor asked the housekeeping supervisor in what circumstances this product was used. S/he stated that it could be used as a substitute for Oxivir, but did not indicate that it would be used for the entire terminal cleaning procedure.</p> <p>6. On 6/7/2017 at 2:15 PM, Surveyor #2 reviewed human resources documents for staff members. A housekeeper (Staff Member B) did not have documentation that s/he had hands on training or competency evaluation of housekeeping functions. S/he did have documentation of policy and procedure review.</p> <p>5. On 6/7/2017 at 4:50 PM, Surveyor #2 interviewed the Director of Risk Management (Staff Member C) and the Director of Plant Operations (Staff Member D) about trainings and competency evaluations of housekeeping staff. Staff Member C stated that staff were trained in general infection control practices and reviewed policies and procedures, but no walk-through trainings or competency evaluations for</p>	L 375		

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L 375	Continued From Page 3  housekeeping staff were performed. Staff Member D.confirmed this information.	L 375		

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